

STATE OF MAINE JUDICIAL BRANCH
OFFICE OF COURT ADR ROSTER APPLICATION

***PLEASE NOTE:** All information through Section N will appear in the public directory of neutrals if you are accepted to one or more of the Superior Court ADR Rosters.

A. CONTACT INFORMATION

Name _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home telephone: _____ E-mail address: _____

Business telephone: _____

Business fax: _____

B. REQUESTED COURT ADR ROSTER(S)

Please mark (X) the Court ADR roster(s) for which you are applying. You may apply for as many of the rosters as you wish. Your qualifications will be evaluated separately for each roster.

- | | |
|---|--|
| <input type="checkbox"/> Superior Court Mediation Roster | <input type="checkbox"/> Domestic Relations Mediation Roster |
| <input type="checkbox"/> Superior Court Arbitration Roster | <input type="checkbox"/> Small Claims Mediation Roster |
| <input type="checkbox"/> Superior Court Early Neutral Evaluation Roster | <input type="checkbox"/> General Civil Mediation Roster |
| | <input type="checkbox"/> Land Use/Environmental Roster |
| | <input type="checkbox"/> Forcible Entry and Detainer Roster |

C. EDUCATIONAL BACKGROUND

<u>Degree</u>	<u>Institution</u>	<u>Location</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. EMPLOYMENT AND EXPERIENCE

Please state your current employment: _____

Please describe your professional experience and employment history relevant to dispute resolution, including years of experience, type of practice, special skills and community service: _____

Do you have experience as a neutral in multi-party disputes (more than three parties)? If yes, please describe:

E. FORMAL DISPUTE RESOLUTION TRAINING

Please list your training in mediation, arbitration, neutral evaluation skills or other ADR processes relevant to the ADR Rosters for which you are applying (attach additional sheets if necessary):

<u>Date</u>	<u>Course/Program</u>	<u>Sponsor</u>	<u>Hours</u>

TOTAL HOURS:_____

F. OTHER ADR PANELS AND ROSTERS ON WHICH YOU SERVE

Please list other ADR panels or rosters on which you serve:

<u>Panel/Roster</u>	<u>Sponsoring Agency/Organization</u>	<u>Date Admitted</u>

G. EXPERIENCE AS A NEUTRAL

Please describe your experience as a mediator, arbitrator and early neutral evaluator in the last five (5) years:

<u>Process Conducted</u>	<u>Area/Type of Case</u>	<u>Cases/Hours</u>

TOTAL HOURS:_____

H. CONTENT AREA EXPERIENCE AND TRAINING

1. If you are applying for the Domestic Relations Mediation Roster:

a. Please describe your training in handling domestic abuse issues: _____

TOTAL HOURS: _____

b. Please describe your training or experience in Maine divorce and family law:

TOTAL HOURS: _____

2. If you are applying for the Small Claims Mediation Roster, please describe your training or experience in consumer or debtor/creditor law: _____

TOTAL HOURS: _____

3. If you are applying for the Land Use Mediation Roster, please describe your training or experience in the land use field: _____

TOTAL HOURS: _____

4. If you are applying for the Forcible Entry and Detainer Mediation Roster, please describe your training or experience in Maine landlord-tenant law: _____

TOTAL HOURS: _____

5. If you are applying for the General Civil or Superior Court Mediation Roster, please describe your training or experience in general civil law and court procedures: _____

TOTAL HOURS: _____

6. If you are applying for the Superior Court Arbitration or Early Neutral Evaluation Rosters, do you have the ability to conduct an evidentiary hearing? Please describe your relevant background and skills.

I. DISTRICT COURTS IN WHICH YOU ARE WILLING TO WORK
(Mediation in Family Matters, Small Claims, Forcible Entry and Detainer, General Civil Litigation)

Please mark (X) the District Courts in which you are willing to conduct mediations:

- | | | | | | |
|------------------------------------|---|------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Augusta | <input type="checkbox"/> Calais | <input type="checkbox"/> Fort Kent | <input type="checkbox"/> Madawaska | <input type="checkbox"/> Rockland | <input type="checkbox"/> Waterville |
| <input type="checkbox"/> Bangor | <input type="checkbox"/> Caribou | <input type="checkbox"/> Houlton | <input type="checkbox"/> Millinocket | <input type="checkbox"/> Rumford | <input type="checkbox"/> West Bath |
| <input type="checkbox"/> Belfast | <input type="checkbox"/> Dover-Foxcroft | <input type="checkbox"/> Lewiston | <input type="checkbox"/> Newport | <input type="checkbox"/> Skowhegan | <input type="checkbox"/> Wiscasset |
| <input type="checkbox"/> Biddeford | <input type="checkbox"/> Ellsworth | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Portland | <input type="checkbox"/> South Paris | <input type="checkbox"/> York |
| <input type="checkbox"/> Bridgton | <input type="checkbox"/> Farmington | <input type="checkbox"/> Machias | <input type="checkbox"/> Presque Isle | <input type="checkbox"/> Springvale | |

J. SUPERIOR COURTS IN WHICH YOU ARE WILLING TO WORK
(Superior Court ADR and Land Use Mediation only)

Please mark (X) the counties in which you are willing to conduct ADR:

- | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Androscoggin | <input type="checkbox"/> Hancock | <input type="checkbox"/> Oxford | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Aroostook | <input type="checkbox"/> Kennebec | <input type="checkbox"/> Penobscot | <input type="checkbox"/> Waldo |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Knox | <input type="checkbox"/> Piscataquis | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Sagadahoc | <input type="checkbox"/> York |

K. PRO BONO SERVICE

Rostered neutrals in Superior Court may be required to serve without a fee in up to two cases per year. Are you willing to take up to two pro bono cases per year? ☐ Yes ☐ No

L. SUPERIOR COURT ADR CASE TYPES AND FEES

(A fee must be included for listing in ADR Directory.)

1. If you are applying to the **Superior Court Mediation Roster**:

Please mark (X) the types of cases in which you are willing to serve as a mediator:

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Employment | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tort |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Malpractice | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Domestic Relations | <input type="checkbox"/> Personal injury | |

Your mediation fees (including travel rate, if applicable): _____

2. If you are applying to the **Superior Court Arbitration Roster**:

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Employment | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tort |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Malpractice | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Domestic Relations | <input type="checkbox"/> Personal injury | |

Your arbitration (including travel rate, if applicable): _____

3. If you are applying to the **Superior Court Early Neutral Evaluation Roster**:

Please mark (X) the types of cases in which you are willing to serve as an evaluator:

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Employment | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Tort |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Malpractice | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Domestic Relations | <input type="checkbox"/> Personal injury | |

Your early neutral evaluation fees (including travel rate, if applicable): _____

M. REFERENCES

Please list two persons who are familiar with your ADR services. For Superior Court rosters, these persons may be contacted by parties who are looking for a neutral:

1. Name: _____ Company: _____

Telephone: _____ Email: _____

2. Name: _____ Company: _____

Telephone: _____ Email: _____

N. PROFESSIONAL ORGANIZATIONS

Are you a member of any professional organization of neutrals (e.g., Maine Association of Mediators, Maine State Bar Association ADR Section, Association for Conflict Resolution, National Academy of Arbitrators, American Bar Association Dispute Resolution Section)? If yes, please specify: _____

O. PROFESSIONAL BACKGROUND REVIEW

PLEASE NOTE: All applicants must also submit the form entitled "Background Investigation Information." No application is complete without that additional form.

Are you an attorney? ☐ Yes ☐ No

If yes, in which states are you licensed to practice? _____

Date(s) of admission: _____

Are you licensed or certified by any professional board or similar entity? ☐ Yes ☐ No

If yes, in what states are you licensed or certified, and what is your license or certification? _____

Date(s) of licensing or certification: _____

Have you been removed, suspended, reprimanded or otherwise discipline by a licensing board, professional organization or governmental tribunal? ☐ Yes ☐ No

If your answer is yes to either of the two previous questions, please provide full details on a separate sheet, including any information you believe may be helpful to the CADRES Director or CADRES Committee in evaluating your application.

P. AFFIRMATIONS, CONDITIONS OF APPLICATION AND RELEASE

I understand that any misrepresentation in my application may constitute a basis for the rejection of my application or removal of my name from any ADR Roster of the Court Alternative Dispute Resolution Service. I understand that if my application is preliminarily accepted, CADRES will request the Office of Court Security Services of the Administrative Office of the Courts to conduct a background investigation, including, but not limited to, an inquiry and documentation of and criminal or motor vehicle arrest and conviction records. I attach a signed Background Investigation Information form for this purpose.

I affirm that I have the competence to undertake the processes for the rosters to which I have applied. If rostered, I will comply with the Code of Conduct, rules, regulations and policies of CADRES, the Judicial Branch and the State of Maine.

I understand that a copy of this form will be made available to the public if requested and that the information provided through Section N above will be included in a public directory of rostered neutrals if I am accepted to one or more of the Superior Court ADR Rosters.

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION TO:

OFFICE OF COURT ADR, P.O. BOX 4820, PORTLAND, ME 04112

FOR MORE INFORMATION, PLEASE CONTACT:

**DIANE E. KENTY, DIRECTOR
207/822-0719
diane.kenty@maine.gov**

CADRES
BACKGROUND INVESTIGATION INFORMATION
(PLEASE TYPE OR PRINT)

NAME: _____
First Middle Last

Applicant Information: If selected to serve on a State of Maine Judicial Branch CADRES roster, it is our standard practice to conduct a criminal history background investigation. To start this process, indicate whether you have been convicted of any criminal offense, not including non-criminal traffic offenses.

No ____ Yes ____ If yes, explain: _____

☐ INTERVIEWER ☐ APPLICANT

Signature (Interviewer or Applicant)

BIRTH DATE: ____ / ____ / ____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

PREVIOUS DRIVER'S LICENSE NUMBER: _____ STATE: _____

CURRENT ADDRESS:

From To

Street City State Zip

PREVIOUS ADDRESS:

(Use back of form to list all addresses within the last ten years)

From To

Street City State Zip

By signing this document, I understand that if I am selected to serve on a CADRES roster in the Judicial Branch, a background investigation will be conducted by the Administrative Office of the Courts' Office of Court Security. I understand that this background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an employee, contractor or volunteer with the State of Maine Judicial Branch is contingent on the results of this investigation.

I hereby consent to a background investigation and give permission to the Office of Court Security to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Signature Of CADRES Roster Applicant

Date

Signature Of CADRES Director

Date